

| POSITION                  | INITIALS        | ID NO. | DATE     |
|---------------------------|-----------------|--------|----------|
| FEE DETERMINATION         | <i>me</i>       |        | 10/4/00  |
| O.I.P.E. CLASSIFIER       |                 |        | 10/1/00  |
| FORMALITY REVIEW          | <i>Costello</i> | 52 866 | 10/31/00 |
| RESPONSE FORMALITY REVIEW |                 |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Final Original |      |
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| 14             | ✓    |
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| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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